

IPDR6702		NORTH CAROLINA			PAGE: 1			
RUN DATE: 11/12/2006		IPRS CHECKWRITE SUMMARY REPORT						
		CHECKWRITE DATE: 11/14/2006						
		FINANCIAL PAYER: NCDMM						
PROVIDER		HIGH DENIAL	NUMBER OF		TNC	TOTAL	TOTAL	TOTAL
NUMBER	PROVIDER NAME	EOBS	DENIALS	DESCRIPTION	DENIALS	DENIALS	FINALIZED	PAID
3404901	SMOKY MOUNTAINM H/DD/SAS	11	1143	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8505	612	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET	8	2212	2525	313
		8599	271	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404904	WESTERN HIGHLAN DS LME	191	5	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		10	2	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	0	10	5243	5233
		8536	2	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404910	PATHWAYS	11	219	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8599	202	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	86	586	4515	3929
		8933	67	ADTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404912	CATAWBA COUNTYM ENTAL HEALT	8621	30	60 RESIDENTIAL LEVEL III TREAT MENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.				
		8622	29	60 RESIDENTIAL LEVEL II TREATM ENT RECEIVED, PA IS REQUIRED FOR ADDITIONAL SERVICE.	0	59	235	176
3404913	NECKLENBURG COM ENTAL HEALT	8518	13	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		0	0		0	13	14	1
3404916	CROSSROADS BEHA VIORAL HEAL	8518	104	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		3411	4	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D	0	114	1520	1406
		143	3	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404917	CENTERPOINT HUM AN SERVICES	8599	231	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		537	64	PROCEDURE IS NOT COVERED FOR T HIS DATE OF SERVICE	18	650	5079	4429
		143	39	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404919	GUILFORD CO MEN TAL HEALTHC	8599	128	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		8931	41	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	41	235	3001	2766
		3412	34	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				

PROVIDER NUMBER	PROVIDER NAME	HIGH DENIAL EOBS	NUMBER OF DENIALS	DESCRIPTION	TNC DENIALS	TOTAL DENIALS	TOTAL CLAIMS FINALIZED	TOTAL CLAIMS PAID
3404920	ALAMANCE CASWEL L AREA MH D	8505	3997	CLAIM DENIED DUE TO INSUFFICIE NT BUDGET				
		8599	220	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	3	4517	9778	5261
		8534	61	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
3404921	ORANGE PERSON C HATHAM AREA	11	649	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		669	268	OTHER DIAGNOSIS CODE 3 IS INVA LID	0	1955	6731	4776
		143	182	CLIENT ID NUMBER NOT ON STATE ELIGIBILITY FILE				
3404922	THE DURHAM CENT ER	191	173	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
		8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	13	995	8683	7688
		21	150	DUPLICATE OF CLAIM-SYSTEM				
3404923	FIVE COUNTY MH	11	389	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8536	70	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	0	565	2042	1477
		8518	37	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404925	SANDHILLS CENTE R FOR MH/DD	120	135	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM				
		8935	127	ASTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.	194	687	8372	7685
		8599	114	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404926	SOUTHEASTERN RE G MENTAL HL	8518	986	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	340	DUPLICATE OF CLAIM-SYSTEM	10	1595	4463	2868
		8599	164	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404927	CUMBERLAND CO M HC	8518	190	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	212	2186	1974
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404930	JOHNSTON COUNTY MNTL HLTHC	23	65	SERVICE REQUIRES PRIOR APPROVA L				
		10	40	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	20	160	4000	3840
		8599	30	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404931	WAKE CO HUM SVC BILLING OF	8599	52	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		11	30	CLIENT NOT ELIGIBLE ON SERVICE DATE	0	96	153	57
		191	7	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				
3404933	SOUTHEASTERN CT R FOR MH/DD	8518	57	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		120	9	CLIENT ID NUMBER MISSING OR IN VALID. ENTER CID AND SUBMIT AS A NEW CLAIM	0	84	1281	1197
		8599	8	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
3404934	ONSLow CARTERET BEHAV HEAL	8534	352	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F				
		8518	105	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	673	1165	492
		8535	55	SERVICE FACILITY LOCATION WAS NOT SUBMITTED ON THIS CLAIM. PLEASE RESUBMIT THE CLAIM WITH				
3404935	WAYNE CO MENTAL HEALTH CTR	0	0	*** NO DATA TO REPORT ***				
		0	0		0	0	0	0
3404936	WILSON-GREENE M ENTAL HEALT	79	4	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
		0	0		0	4	2263	2259
3404937	EDGEcombe NASH MNTL HLTH C	8518	7	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		21	4	DUPLICATE OF CLAIM-SYSTEM	0	11	851	840
3404939	NEUSE MENTAL HE ALTH CENTER	5404	18	SEVERE DUPLICATE: SAME ATTD PR OV/PCODE/TOS/DOS/MOD				
		8599	14	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	46	946	900
		191	6	CLIENT ID NUMBER DOES NOT MATC H PATIENT NAME				

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3404941	PITT CO MH/DD/S AS CENTER	8518	2158	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8534	649	SERVICE FACILITY LOCATION IS N OT A VALID IPRS ATTENDING PROVIDER. PLEASE VERIFY THE F	0	3088	4820	1732
		8536	99	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR				
3404942	ROANOKE CHOWANH UMAN SERVIC	11	11	CLIENT NOT ELIGIBLE ON SERVICE DATE				
		8518	6	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE	0	24	372	348
		79	3	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404943	ALBEMARLE MENTA L HEALTH CE	21	163	DUPLICATE OF CLAIM-SYSTEM				
		8536	24	ATTENDING PROVIDER TYPE AND SP ECIALTY COMBINATION IS NOT VALID FOR SUBMITTED BILLING PR	1	213	508	295
		79	12	THIS SERVICE IS NOT PAYABLE TO YOUR SUBMITTED BILLING PROVIDER TYPE AND SPECIALTY IN				
3404944	EASTPOINTE HUMA N SERVICES	8599	75	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.				
		10	38	DIAGNOSIS OR SERVICE INVALID F OR CLIENT AGE. VERIFY CID, DIAGNOSIS, PROCEDURE CODE FOR	2	179	6101	5922
		8518	19	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
3404946	FOOTHILLS AREAM ENTAL HEALT	3411	197	PROVIDER TYPE AND SPECIALTY 07 4/113 CANNOT BILL ENHANCED BENEFIT SERVICES ON OR AFTER D				
		8599	76	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	364	3959	3595
		5308	61	PRIOR AUTHORIZED UNITS EXCEEDE D				
3404957	TIDELAND MENTAL HEALTH CTR	8518	71	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	16	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	8	96	1115	1019
		8931	6	AMTNC INELIGIBLE TO RECEIVE SE RVICES IN IPRS.				
3404979	NEW RIVER AREAM H/DD/SA PRO	8518	10	CLAIM DENIED, SUBMITTED BEYOND FILING TIMELIMIT. PRIOR FISCAL YEAR DOS (JULY 1 - JUNE				
		8599	3	DETAIL NOT COVERED BY COMBINAT ION OF RECIPIENT, PROVIDER AND BENEFIT PACKAGE.	0	13	133	120